

**UNIVERSITY OF IDAHO**  
**WORKPLACE VIOLENCE REPORT**

Name of Reporting Person: _____		Phone: _____
Address: _____		
Status: <input type="checkbox"/> Student <sup>1</sup> <input type="checkbox"/> Faculty <sup>2</sup> <input type="checkbox"/> Staff <sup>2</sup> <input type="checkbox"/> Other <sup>3</sup>		
Date and time incident occurred: _____		Date and time incident reported: _____
Location of incident: _____		
Witnesses:	<u>Name</u>	<u>Address</u>
	<u>Phone</u>	
.....		
.....		
.....		
Persons Interviewed:	<u>Name</u>	<u>Address</u>
	<u>Phone</u>	
.....		
.....		
.....		
Describe the facts of the incident in detail, <u>including immediate actions taken</u> (use attachments if necessary):		
Have there been previous reported incidents? When and reported to whom? Describe previous incident.		
Prepared by: _____	Reviewed by: _____	
Name/Title (Please Print)	Name/Title (Please Print)	
Signature: _____	Signature: _____	
Department: _____	Department: Risk Management	
Phone: _____	Phone: _____	
Date: _____	Date: _____	

*Form Revised 12/16/03*

**EMERGENCY: CALL 9-911 if on campus or 911 off campus.**

**1 - Student:** Notify Dean of Students (208) 885-6757.

**2 - Faculty or Staff:** Contact your supervisor first; if your supervisor is not available, contact the next level administrator; a center dean or manager if the incident occurs at a university outreach location; or Risk Management, (208) 885-7177, if none of the above are available.

**3 - Other:** Contact Risk Management (208) 885-7177